


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90005 001 \*\*\*150.00

DOCUMENT # F03000000631					
1. Entity Name <b>My Tel Co, Inc.</b>					
Principal Place of Business <b>13275 W. COLONIAL DRIVE WINTER GARDEN, FL 34787</b>			Mailing Address <b>445 HAMILTON AVENUE SUITE 408 WHITE PLAINS, NY 10601</b>		
2. Principal Place of Business - No P.O. Box # <b>445 Hamilton Avenue</b>		3. Mailing Address <b>3100 Cumberland Boulevard</b>			
Suite, Apt. #, etc. <b>Suite 408</b>		Suite, Apt. #, etc. <b>Suite 900</b>			
City & State <b>White Plains NY</b>		City & State <b>Atlanta GA</b>			
Zip <b>10601</b>		Country <b>USA</b>		Zip <b>30339</b>	
		Country <b>USA</b>		4. FEI Number <b>04-3685042</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>FREEMAN, PATRICK 13275 W. COLONIAL DRIVE WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREEMAN, PATRICK 13275 W. COLONIAL DRIVE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / D Kevin Griffo 445 Hamilton Avenue, Suite 408 White Plains, NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINELLA, WESLY 445 HAMILTON AVENUE SUITE 408 WHITE PLAINS, NY 10601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 4-20-07 Daytime Phone #: 914-948-8880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40113730



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